

# IDAHO DEPARTMENT OF CORRECTION

## Visiting Application

Offender's Name: \_\_\_\_\_ IDOC Number: \_\_\_\_\_ Unit: \_\_\_\_\_

Applications must be renewed yearly (prisons) **or** every two (CWCs). Is this a renewal application? ☐ Yes ☐ No

**Read carefully.** Your complete name is mandatory. Answer all questions. If a question does not apply, write "NA". If you do not know the answer, explain as best you can. Use additional paper if necessary.

1. Your Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Other Names Used: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(mm/dd/yyyy)

4. Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

5. Gender: ☐ Male ☐ Female

6. Driver's License/State ID number: \_\_\_\_\_ State issued: \_\_\_\_\_

7. Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Race: \_\_\_\_\_

8. Present Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

9. Telephone Number: \_\_\_\_\_ All Other States Lived In: \_\_\_\_\_

10. What is your relationship to the offender? \_\_\_\_\_  
(Mother, father, spouse, girlfriend/boyfriend, son, daughter, etc. **Only list "Spouse" if legally married.**)

11. How long have you known the offender and how did you meet? \_\_\_\_\_

12. Have you visited another offender within the last year? ☐ Yes ☐ No

13. What is the other offender's name and your relationship with the offender? \_\_\_\_\_

14. Do you currently visit another offender? ☐ Yes ☐ No

Offender's Name: \_\_\_\_\_ IDOC Number: \_\_\_\_\_

What is your relationship with the offender? \_\_\_\_\_

15. Have you ever been employed by the Idaho Department of Correction (IDOC)? ☐ Yes ☐ No

16. Have you ever been a volunteer for IDOC? ☐ Yes ☐ No

17. Have you ever been a contractor, vendor, or intern for IDOC? ☐ Yes ☐ No

If yes, give dates and locations: \_\_\_\_\_

18. Are you on probation or parole? ☐ Yes ☐ No

If yes, where: \_\_\_\_\_

What is your probation and parole officer's name? \_\_\_\_\_

19. Have you ever been a victim of a crime? ☐ Yes ☐ No

If yes, crime: \_\_\_\_\_ When: \_\_\_\_\_

Name of the offender: \_\_\_\_\_

20. Who are you employed by? \_\_\_\_\_ Telephone number: \_\_\_\_\_

21. Employer's address: \_\_\_\_\_

22. Do you have any pending criminal charges? ☐ Yes ☐ No

Charge: \_\_\_\_\_

I understand that missing or false information may delay or result in a denial of my application. I have read and agree to follow the IDOC's visiting rules.

Signature of Applicant (If 18 years of age or older) \_\_\_\_\_

\_\_\_\_\_ Date

**Note:** If the applicant is under 18 years of age, the parent or guardian accompanying the child on the visit must also submit the following: (1) Appendix B, *Minor Child Visiting Application*, and (2) a certified copy of the child's birth certificate. In addition, **Guardians** must also submit a copy of the court order granting legal guardianship (or Appendix C, *Power of Attorney Delegating Limited Powers for Visitation*).

Staff Use Only		
Background Check: Criminal record: <input type="checkbox"/> No criminal record: <input type="checkbox"/> Comments: _____	Approval Authority: _____	Appellate Authority: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____

Appendix A

604.02.01.001 v4.4

(Appendix last updated 2/24/09)